

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5802

BIRTH NO. _____		REG. DIST. NO. <u>292</u>		PRIMARY REG. DIST. NO. <u>6001</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Ralls</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Saline Township</u> c. LENGTH OF STAY (in this place) <u>85</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe City RR. 3</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Saline Township</u> d. STREET ADDRESS (If rural, give location) <u>Monroe City RR. 3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>STEPHEN</u> b. (Middle) <u>JOHNSON</u> c. (Last) <u>OWEN</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>February 16 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>SEPTEMBER 29 1855</u>	
9. AGE (In years last birthday) <u>93</u>		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Westley Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.B.</u>		13a. FATHER'S NAME <u>Isaac Owen</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Dawson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Effie Owen</u> ADDRESS <u>Monroe City RR. 3</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dissecting Aneurysm of aorta</u> ANTECEDENT CAUSES <u>arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Hours</u> <u>Years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>16 Feb</u> , 19 <u>49</u> , to <u>16 Feb</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>16 Feb</u> , 19 <u>49</u> and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ernest Thierine</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Monroe City Mo</u>		23c. DATE SIGNED <u>2/17/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/18/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Jude's Monroe City Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-21-49</u>		REGISTRAR'S SIGNATURE <u>W. J. Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Wilson</u> ADDRESS <u>Monroe City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 12

District File No. 2-49-36

Date Filed FEB 28 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3014

P. O. Address _____

Signed _____
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.